



STATE OF WASHINGTON  
WASHINGTON STATE BOARD OF HEALTH  
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March 10, 2003

**TO:** State Board of Health Members  
**FROM:** Craig McLaughlin, Senior Health Policy Manager  
**RE:** **SUMMARY OF 2004 REGULAR LEGISLATIVE SESSION**

**Background and Summary**

March 11 is the final day of the 2004 legislative session. March 5 was the final date for considering most bills from the opposite house. This week is reserved for considering the budget and matters necessary to implement the budget, making comments on amendments, seeking concurrence when House and Senate versions of a bill differ, planning for the interim, and closing up shop. The key elements of the “end game” this year are the budget, tort reform, and the primary. This memo reflects information known as of March 4. More timely updates will be provided during today’s presentation.

The volume of bills was unusually high this session and Board staff members, with constant help from Board members, were very active during the early weeks of the session; however, the pace tapered off as cutoff dates came and went. The staff reviewed more than a hundred bills and actively tracked 68 of them. Thirty-five bills that were scheduled for hearing appeared on the Billwatch page. Board members working with staff sent two-dozen letters addressing 25 bills. Board Member Vickie Ybarra testified on one bill (SB 6268) and staff testified on a dozen others.

As of Thursday, a dozen bills specifically relating to the Board’s priority work areas, statutory authority, or stated policy positions were still alive, including the House and Senate versions of the supplemental budgets. The discussion section of this memo describes each of those briefly and reviews some of the issues surrounding the supplemental budget proposals.

Included with this memo is a list of “dead” and “live” bills the Board has been tracking, as well as a copy of the policy statement the Board adopted in January and the Board policy on communicating with the Legislature. All documents were current as of close of business March 4. The most current version of the Billwatch page can be viewed at <http://www.sboh.wa.gov/Billwatch/2004/billwatch.htm>.

**Recommended Board Action**

None.

## **Discussion**

Four of the bills that were still alive March 4 the Board worked on because of direct intersects with Board rule making:

- **Dangerous wild animals:** E2SHB 1151 would limit the keeping of dangerous animals. It originally addressed keeping pets that might carry zoonotic diseases (such as prairie dogs). Board staff, working with Tom Locke, DOH and local public health, is looking at whether to use the Board's existing authority to make rules regarding pets that pose a disease risk. The sponsors agreed to remove language about zoonoses after speaking with Board staff.
- **Disposal of animal carcasses:** SSB 6636 seeks to address differences between regulations of different agencies—Agriculture, Ecology, and the Board—for disposing of wild animals, particularly those that might pose a disease risk. It calls for an interagency study group. Language that related to possible changes to Board rules was removed in later versions.
- **Transient accommodations:** Individual motel operators were upset that DOH was charging a late fee for transient accommodations even when their renewal applications were received before the expiration of their current license. Application procedures are set in Board rule but the fee itself is set in DOH rule. The most recent version has been amended to DOH's and Board staff's satisfaction. This will require some changes to the Transient Accommodations rules that are currently open and will come before the Board for hearing in a few months.
- **Bloodborne pathogens:** HB 3081 concerns testing children placed into foster care for bloodborne pathogens and disclosing their status to their caregivers. A late amendment would have DOH write rules defining bloodborne pathogens, which is a departure from the Board's traditional role in relation to HIV, communicable disease control, and defining STDs.

Five bills specifically related to Board priority work areas:

- **Children's physical activity and nutrition:** SSB 5436, though different when introduced, became the vehicle for an altered version of legislation the Office of Superintendent of Public Instruction drafted in consultation with Board staff. Like the OSPI request bill, SSB 5436 would establish a work group to develop a model health and nutrition curriculum for school districts. Districts would then have to adopt a curriculum, although it wouldn't have to be related to the model one. The Board was a convener in the original language but was removed in later versions. Board staff worked unsuccessfully to have the Board reinstated; however, the bill envisions that other agencies such as the Board would be invited to participate. It passed both houses but will require concurrence.
- **Health disparities:** Both the House and Senate passed a version of SCR 8419, which would establish a joint select committee on health disparities. Because of minor amendments in the House, concurrence is necessary.
- **Genetics and privacy:** ESB 6180, a bill that would explicitly prevent discrimination on the basis of genetic information, has passed and is awaiting the governor's signature. This bill is consistent with the recommendations of the Board's Genetics Task Force.
- **Access to critical health services:** A significant piece of health care finance legislation this session is ESHB 2460, an attempt to create a more affordable insurance product for small employers. The Board had concerns about reductions in mandatory coverage that would reduce access to preventive care. The Senate amendments were so far-reaching—for example, cutting requirements for PKU and prenatal screening—that the Governor's Office considers this bill dead. The Board also commented on ESHB 2797, which would allow displaced workers eligible for the federal Health Coverage Tax Credit to enroll in the Basic Health Plan.

Both the House and the Senate have approved their own versions of the supplemental budget. There has been some discussion among Senate leadership about not enacting a supplemental, but negotiations were active at the time this memo was written. Public health in general and the Department of Health have done well so far. Payments to local health (the so-called backfill) are intact, and DOH has a very good chance of receiving its supplemental request for money to enhance the zoonotics program as well as money to compensate for federal cuts in vaccine funding. One sticking point that is clearly of interest to the Board is the question of eliminating premium shares for children covered by Medicaid/SCHIP. Children's advocates have argued for using newly available federal funds to eliminate premium shares. The House has proposed eliminating most or all premium shares for children in families at 100 to 150 percent of poverty and reducing premium shares for less impoverished families. The Senate has proposed reducing them but retaining at least some premium shares for all families with enrolled children.

Additionally, there were a few bills that the Board was working on last year that came alive again. None seem likely to pass at this point. These include SB 5521, a small business health insurance reform effort similar to HB 2460; SB 5597, a statewide ban on tobacco sampling; and HB 1828, a mental health parity bill.

Attachments